

SOS APA Form 001

## Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES		O. Box 136, Jackson, MS 39	205-0	136		
AGENCY NAME		CONTACT PERSON		TELEDUONE NUI	TELEPHONE NUMBER	
Mississippi Department of Education		Raina A. Lee		(601)359-1847		
ADDRESS 359 North West Street		CITY Jackson		STATE MS	ZIP 39201	
EMAIL SUBMIT		Name or number of rule(s):	CAN	PILATION		
Rlee@mde.k12.ms.us	DATE 4/9/13	Title 7: Education K-12 Part			Frameworks High School	
Short explanation of rule/amendment been made. Complying with SOS APA Specific legal authority authorizing the List all rules repealed, amended, or sur ORAL PROCEEDING:	3.2. promulgation of ru	ıle: MCA Section 37-3-11	dment	/repeal: No substantive	e changes have	
An oral proceeding is scheduled for	r this rule on Date	e: Place		_		
Presently, an oral proceeding is no	t scheduled on this	rule.				
If an oral proceeding is not scheduled, an oral proceeding is not scheduled, an oral proceeding is not considered in the motion of proposed rule adoption and should income agent or attorney, the name, address, email address comment period, written submissions including	hould be submitted to t lude the name, address ress, and telephone nur	he agency contact person at the ab email address, and telephone nun nber of the party or parties you rep	ove add ober of the oresent.	dress within twenty (20) days the person(s) making the req At any time within the twer	s after the filing of this juest; and, if you are an nty-five (25) day public	
ECONOMIC IMPACT STATEMENT:						
Economic impact statement not re	quired for this rule.	Concise summary of	econ	omic impact statement	attached.	
TEMPORARY RULES PROPOS		SED ACTION ON RULES	D	FINAL ACTION ON RULES Date Proposed Rule Filed:		
Original filing	filing Action propo					
Renewal of effectiveness	New r		-	Adopted with no changes in text		
To be in effect in days		Amendment to existing rule(s)		Adopted with changes		
Effective date: Immediately upon filing		l of existing rule(s)	-	Adopted by reference		
Other (specify):		ion by reference al effective date:	-	Withdrawn Repeal adopted as proposed		
other (openity)		ays after filing	F	Effective date:		
			A		after filing	
				Other (specify):		
Printed name and Title of person a Signature of person authorized to f				ecial Asst. Atty. Gene	<u>ral</u>	
	DO NOT	WRITE BELOW THIS LINE		0		
OFFICIAL FILING STAMP		ICIAL FILING STAMP		OFFICIAL FILING	STAMP	
c	SECRE	PR 0 9 2013 IISSISSIPPI TARY OF STATE				
Accepted for filing by Accepted for filing by		r filing by	Δ	ccented for filing by		

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.